

Fill in this information to identify the case:				
Debtor 1 COLIN O PHILLIPS				
Debtor 2 (Spouse, if filing)				
United States Bankruptcy Court for the: Eastern District of Pennsylvania				
Case number 23-10425				

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Р	eart 1: Identify the Cla	aim					
1.	Who is the current creditor?	City of Philadelphia Law Dept – Tax & Revenue Unit Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor					
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?					
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		
	creditor be sent?	City of Philadelphia	a Law Dept - T	ax Unit			
	Federal Rule of	Name	·		Name		
	Bankruptcy Procedure (FRBP) 2002(g)	1401 JFK Blvd, 5th Floor					
	, (6)	Number Street			Number St	reet	
		Philadelphia	PA	19102			
		City	State	ZIP Code	City	State	ZIP Code
	Contact phone 215-686-0503			Contact phone _		_	
		Contact email Megan.Harper@phila.gov			Contact email _		_
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim number	on court claims re	egistry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the	e earlier filing?				

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ô.	Do you have any number you use to identify the debtor?	□ No □ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 3 1 1						
7.	How much is the claim?	\$						
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Municipal Claim						
).	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lier						
		been filed or recorded.) Value of property:	\$	0.00				
		Amount of the claim that is secured	·	0.00				
		Amount of the claim that is unsecu	red: \$	0.00 (The s	um of the sec nts should ma	cured and unsecured atch the amount in line 7		
		Amount necessary to cure any defator Annual Interest Rate [Real Estate](whereast Rate [Judgments](which is a prize of the content of the cure of the c	hen case wa	as filed) 0 %	\$	0.00		
10. Is this claim based on a 🗹 No								
U	lease? Yes. Amount necessary to cure any default as of the date of the petition. \$					0.00		
ı				to a 🗹 No				
	. Is this claim subject to a right of setoff?	☑ No						

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12. Is all or part of the claim	□ No						
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	one:			Amount entitled to	priority	
A claim may be partly priority and partly	Domest 11 U.S.	\$	0.00				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		3,025* of deposits toward purch al, family, or household use. 11		operty or services for	\$	0.00	
	bankrup	salaries, or commissions (up to otcy petition is filed or the debto C. § 507(a)(4).	\$	0.00			
	Taxes o	or penalties owed to governmer	\$_Unliquidated	0.00			
	☐ Contribu	utions to an employee benefit p	olan. 11 U.S.C. § 507(a)(5)		\$	0.00	
	_	Specify subsection of 11 U.S.C.			\$	0.00	
		are subject to adjustment on 4/01/22			ter the date of adjustme	ent.	
Part 3: Sign Below							
The person completing	Check the appro	ppriate box:					
this proof of claim must sign and date it.	☐ I am the cre	editor.					
FRBP 9011(b).	I am the cre	editor's attorney or authorized a	igent.				
If you file this claim	☐ I am the tru	stee, or the debtor, or their autl	horized agent. Bankruptcy	Rule 3004.			
electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the						
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on dat	e <u>05/04/2023</u> MM / DD / YYYY					
	/s/ Megan N. Harper Signature						
	Print the name	of the person who is comple	ting and signing this cla	im:			
	Name	Megan Harper First name	Middle name	Last name			
		Senior Attorney	Middle Hame	Last name			
	Title		Tau 0 Davis and 11	-:4			
	Company	City of Philadelphia La					
	Address	1401 JFK Blvd, 5th Flo	oor				
		Number Street					
		Philadelphia	P	A 19102			
		City	St	ate ZIP Code			
	Contact phone	(215) 686-0503	Er	_{nail} Mega <u>n.Harpe</u> i	r@phila.gov		

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Debtor: COLIN O PHILLIPS

Nonfiler Schedule

Bankruptcy: 23-10425
Filing date: 14-Feb-2023

Unliquidated Claim				
Business Income and Receipts Tax - Account Ending in 2931				
Filing Period				
31-Dec-2022				
<u>Unliquidated Claim</u>				
Net Profits Tax - Account Ending in 6179				
Filing Period				

31-Dec-2022